

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP								
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
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11							61							
12							62							
13							63							
14							64							
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16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23			(1)				73							
24			(1)				74							
25			(1)				75							
26							76							
27							77							
28							78							
29							79							
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40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3													
TOTAL DEP.	11													
TOTAL CLAIMS	28													